LETTER TO THE EDITOR

An outbreak of pubic louse infestation on the scalp hair of elderly women

Editor

Pubic lice (crab lice) are parasites affecting the genital area and can be sexually transmitted. However, they can survive anywhere on the body where there is hair, including the area surrounding the eyelashes, in the beard and in body hair. The most common route of infestation is through direct contact with hair. Lice can also spread via bedclothes or towels. Here, we describe an outbreak of pubic lice on the scalp of an elderly bedridden woman who had been admitted to a hospital for specialized long-term care.

A 92-year-old woman with Alzheimer’s disease, diabetes mellitus and hypertension was admitted to the chronic disease ward of our hospital for approximately 1 year. Healthcare professionals were aware that her hair and eyebrows had become thicker and blacker compared with a month prior. There were scabs on her head that began to move when a healthcare professional tried to remove them. Dermoscopic examination revealed that the scab-like objects consisted of numerous pubic lice and eggs (Fig. 1). Lice and eggs were observed in her eyebrows and eyelashes, but not in her pubic hair.

We performed a whole-body check of all 53 patients in the ward and found that eight other patients were infested, exhibiting the following infestations: two in the scalp hair and on the eyebrows and eyelashes; two in the scalp hair and on the eyebrows; two in the scalp hair only; and two in the pubic hair only. All patients were female, bedridden and without immunodeficiency and had been admitted to the hospital for long-term care. Their mean age was 90.8 years (range, 71–98), and the mean duration of their hospital stay was 744 days (range, 207–1791). We cropped their hair and treated them with 0.4% permethrin shampoo, then applied Vaseline to

Figure 1  (a) Scab-like objects were observed on the scalp. (b) Scab-like objects were also observed on the eyebrows and eyelashes. (c) Numerous scab-like objects were still attached to the roots of the hair after cropping the hair (white circle). (d) Lice were observed to grasp the hair with their claws (arrows) upon dermoscopic examination. (e) A high-power view of a pubic lice hanging from hair; note its distinctive large claws. (f) An egg attached to a hair collected from a hairbrush.
suffocate the adult lice and removed nits with diluted vinegar. We assessed the women for the presence of lice every 2 weeks, and treatment was terminated if no lice were observed for at least 1 month. After 2 months, we considered the lice eliminated.

Although we could not determine from which patient the lice had originated, we assume that the present case contributed to the spread of infestation due to its severity. Two patients exhibited an infestation of only the pubic hair and had a habit of scratching their head and genital areas. All of the patients ate meals together in the dining hall and had their hair combed with the same brush after lunch. We identified an egg attached to a hair taken from the hairbrush. No infestation of the healthcare staff or family members of the patients was observed.

In conclusion, the sharing of hairbrushes resulted in a rare pubic lice infestation of scalp hair. Careful daily observation by hospital staff members is warranted to prevent unexpected infestation in inpatients under long-term care.

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